

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NRA Victory Fund Inc

ADDRESS (number and street)

11250 Waples Mill Road

Check if different  
than previously  
reported. (ACC)

Fairfax

VA

22030

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00741710

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☒ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
11 24 2020

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Owens, Robert, , Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Owens, Robert, , Mr.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 29 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NRA Victory Fund Inc

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
11		24		2020

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>0</div></div>		<div><div></div><div>0.00</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>2066056.49</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>1184542.04</div></div>	<div><div></div><div>19722806.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>3250598.53</div></div>	<div><div></div><div>19722806.00</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>3161756.59</div></div>	<div><div></div><div>19633964.06</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>88841.94</div></div>	<div><div></div><div>88841.94</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NRA Victory Fund Inc

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
11		24		2020

To:

M M	/	D D	/	Y Y Y Y
12		31		2020

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

## (i) Itemized (use Schedule A).....

56000.00

510500.00

## (ii) Unitemized .....

700.00

1100.00

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

56700.00

511600.00

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

0.00

10289109.00

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

56700.00

10800709.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

15637.04

332792.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

1112205.00

8589305.00

## 18. Transfers from Non-Federal and Levin Funds

## (a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

## (b) Levin Funds (from Schedule H5) .....

0.00

0.00

## (c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

1184542.04

19722806.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

1184542.04

19722806.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	271286.95	38136.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	271286.95	38136.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	2875207.60	19497560.39
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	15262.04	98266.86
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3161756.59	19633964.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3161756.59	19633964.06

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	56700.00	10800709.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56700.00	10800709.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	271286.95	38136.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	15637.04	332792.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	255649.91	- 294655.19

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**NRA Victory Fund Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CURTIS, JOSHUA, , ,**

Mailing Address 1918 NEW BEDFORD DRIVE

City  
SUN CITY CENTER

State  
FL

Zip Code  
33573

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFO REQUESTED

Occupation (for Individual)  
INFO REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2020

Transaction ID : SA11A.284

Amount of Each Receipt this Period

50000.00

☐ Memo Item

RECEIPT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GAMBILL, JIMMY, , ,**

Mailing Address 1933 SUNRISE KEY BLVD

City  
FT LAUDERDALE

State  
FL

Zip Code  
33304

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFO REQUESTED

Occupation (for Individual)  
INFO REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2020

Transaction ID : SA11A.272

Amount of Each Receipt this Period

2000.00

☐ Memo Item

RECEIPT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HUMBLE, TED, , ,**

Mailing Address 80 FOREST ROAD

City  
ASHEVILLE

State  
NC

Zip Code  
28803

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFO REQUESTED

Occupation (for Individual)  
INFO REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2020

Transaction ID : SA11A.271

Amount of Each Receipt this Period

1000.00

☐ Memo Item

RECEIPT

SUBTOTAL of Receipts This Page (optional)..... ►

53000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NRA Victory Fund Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARKS, SHELDON, F. , ,

Mailing Address 5925 N. MINA VISTA

City  
TUCSONState  
AZZip Code  
85718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFO REQUESTEDOccupation (for Individual)  
INFO REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2020

Transaction ID : SA11A.276

Amount of Each Receipt this Period

1000.00

☐ Memo Item

RECEIPT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOORE, ROBERT, T. , ,

Mailing Address PO BOX 6334

City  
FALLS CHURCHState  
VAZip Code  
22040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFO REQUESTEDOccupation (for Individual)  
INFO REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2020

Transaction ID : SA11A.275

Amount of Each Receipt this Period

1000.00

☐ Memo Item

RECEIPT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUTTON, MICHAEL, W. , ,

Mailing Address 30013 SUNSET POINTE

City  
DEER ISLANDState  
FLZip Code  
32776FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFO REQUESTEDOccupation (for Individual)  
INFO REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2020

Transaction ID : SA11A.274

Amount of Each Receipt this Period

1000.00

☐ Memo Item

RECEIPT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

56000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 24  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NRA Victory Fund Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### A. D & S OUTDOOR ADVERTISING

Mailing Address 926 MT. PISGAH ROAD

City  
RINGGOLD

State  
GA

Zip Code  
30736

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼  
RUNOFF

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2020

Transaction ID : SA15.245

Amount of Each Receipt this Period

375.00

☐ Memo Item

IN-KIND - DIGITAL BILLBOARD SPACE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### B. NRA INSTITUTE FOR LEGISLATIVE ACTION

Mailing Address 11250 WAPLES MILL ROAD

City  
FAIRFAX

State  
VA

Zip Code  
22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8406571.86

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2020

Transaction ID : SA15.253

Amount of Each Receipt this Period

5000.00

☐ Memo Item

IN-KIND CONTRIBUTION

LEGAL FEES - OUTSIDE COUNSEL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### C. NRA INSTITUTE FOR LEGISLATIVE ACTION

Mailing Address 11250 WAPLES MILL ROAD

City  
FAIRFAX

State  
VA

Zip Code  
22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

8406571.86

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2020

Transaction ID : SA15.255

Amount of Each Receipt this Period

5693.00

☐ Memo Item

IN-KIND CONTRIBUTION

ADMINISTRATIVE AND OVERHEAD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11068.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 24

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NRA Victory Fund Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### A. NRA INSTITUTE FOR LEGISLATIVE ACTION

Mailing Address 11250 WAPLES MILL ROAD

City  
FAIRFAX

State  
VA

Zip Code  
22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8406571.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2020

Transaction ID : SA15.257

Amount of Each Receipt this Period

4569.04

☐ Memo Item

IN-KIND CONTRIBUTION

SALARIES AND BENEFITS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4569.04

15637.04

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NRA Victory Fund Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DX SERVICE CO, INC.**

Mailing Address 300 JACKSON HILL STREET

City  
HOUSTONState  
TXZip Code  
77007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	23	2020

Transaction ID : SA17.267

Amount of Each Receipt this Period

5000.00

☐ Memo Item

RECEIPT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DX SERVICE CO, INC.**

Mailing Address 300 JACKSON HILL STREET

City  
HOUSTONState  
TXZip Code  
77007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	25	2020

Transaction ID : SA17.269

Amount of Each Receipt this Period

5000.00

☐ Memo Item

RECEIPT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NRA INSTITUTE FOR LEGISLATIVE ACTION**

Mailing Address 11250 WAPLES MILL ROAD

City  
FAIRFAXState  
VAZip Code  
22030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

8406571.86

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	16	2020

Transaction ID : SA17.268

Amount of Each Receipt this Period

992205.00

☐ Memo Item

RECEIPT

SUBTOTAL of Receipts This Page (optional)..... ►

1002205.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 24

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**NRA Victory Fund Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### A. NRA INSTITUTE FOR LEGISLATIVE ACTION

Mailing Address 11250 WAPLES MILL ROAD

City  
FAIRFAX

State  
VA

Zip Code  
22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8406571.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2020

Transaction ID : SA17.270

Amount of Each Receipt this Period

110000.00

☐ Memo Item

RECEIPT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110000.00

1112205.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NRA Victory Fund Inc

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2

FEC Identification Number

C

Transaction ID : SB21B.I259

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	2	2		3	3	3	3	3	3

FEC Identification Number

C

Transaction ID : SB21B.I260

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	2	2		3	3	3	3	3	3

FEC Identification Number

C

Transaction ID : SB21B.I261

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NRA Victory Fund Inc

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I262

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I263

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	5			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I264

Amount of Each Disbursement this Period

12.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NRA Victory Fund Inc

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I265

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445-A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			3	1			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I266

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STARBOARD STRATEGIC, INC.**

Mailing Address 817 SLATERS LANE

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
PREPAID MEDIA

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Category/  
Type

004

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I241

Amount of Each Disbursement this Period

1419999.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1420099.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NRA Victory Fund Inc

Full Name (Last, First, Middle Initial)

**A. STARBOARD STRATEGIC, INC.**

Mailing Address 817 SLATERS LANE

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
USE OF PREPAID DIGITAL

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼

RUNOFF

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	4			2	0	2	0		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I244

Amount of Each Disbursement this Period

[REDACTED] - 23451.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STARBOARD STRATEGIC, INC.**

Mailing Address 817 SLATERS LANE

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
PREPAID MEDIA

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼

RUNOFF

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	7			2	0	2	0		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I277

Amount of Each Disbursement this Period

[REDACTED] 995287.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STARBOARD STRATEGIC, INC.**

Mailing Address 817 SLATERS LANE

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
USE OF PREPAID MEDIACategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼

RUNOFF

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	2			2	0	2	0		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I279

Amount of Each Disbursement this Period

[REDACTED] - 2391835.94

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

[REDACTED] - 1419999.56

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NRA Victory Fund Inc

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY, LLC**Mailing Address 2311 WILSON BOULEVARD  
SUITE 200City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
PREPAID MEDIA

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I185

Amount of Each Disbursement this Period

500000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY, LLC**Mailing Address 2311 WILSON BOULEVARD  
SUITE 200City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
PREPAID MEDIA

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I187

Amount of Each Disbursement this Period

- 89000.00

USE OF PREPAID MEDIA

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY, LLC**Mailing Address 2311 WILSON BOULEVARD  
SUITE 200City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
USE OF PREPAID MEDIACategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

RUNOFF

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	2			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I278

Amount of Each Disbursement this Period

- 175000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

236000.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NRA Victory Fund Inc

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY, LLC**Mailing Address 2311 WILSON BOULEVARD  
SUITE 200City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
USE OF PREPAID MEDIA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼

RUNOFF

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				22				2020					

FEC Identification Number

C

Transaction ID : SB21B.I280

Amount of Each Disbursement this Period

- 195545.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY, LLC**Mailing Address 2311 WILSON BOULEVARD  
SUITE 200City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
PREPAID MEDIA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2020					

FEC Identification Number

C

Transaction ID : SB21B.I285

Amount of Each Disbursement this Period

230550.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

35004.95

TOTAL This Period (last page this line number only).....▶

271286.95

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NRA Victory Fund Inc

Full Name (Last, First, Middle Initial)

**A. NRA INSTITUTE FOR LEGISLATIVE ACTION**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Mailing Address 11250 WAPLES MILL ROAD

City  
FAIRFAXState  
VAZip Code  
22030Purpose of Disbursement  
IN-KIND CONTRIBUTION

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.I254

Amount of Each Disbursement this Period

5000.00

LEGAL FEES - OUTSIDE

☐ Memo Item COUNSEL

Full Name (Last, First, Middle Initial)

**B. NRA INSTITUTE FOR LEGISLATIVE ACTION**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Mailing Address 11250 WAPLES MILL ROAD

City  
FAIRFAXState  
VAZip Code  
22030Purpose of Disbursement  
IN-KIND CONTRIBUTION

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.I256

Amount of Each Disbursement this Period

5693.00

ADMINISTRATIVE AND  
OVERHEAD☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NRA INSTITUTE FOR LEGISLATIVE ACTION**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Mailing Address 11250 WAPLES MILL ROAD

City  
FAIRFAXState  
VAZip Code  
22030Purpose of Disbursement  
IN-KIND CONTRIBUTION

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.I258

Amount of Each Disbursement this Period

4569.04

SALARIES AND BENEFITS

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

15262.04

TOTAL This Period (last page this line number only).....▶

15262.04

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 19 OF 24  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NRA Victory Fund Inc</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00741710		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>		
Full Name of Payee <input type="checkbox"/> Memo Item <b>D &amp; S OUTDOOR ADVERTISING</b> AD RUNS 12/16/20 TO 1/5/21; SEE IN-KIND ON SCHEDULE A			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 16 / 2020		
Mailing Address 926 MT. PISGAH ROAD			Amount <span style="border: 1px solid black; padding: 2px;">187.50</span>		
City RINGGOLD	State GA	Zip Code 30736	Transaction ID : <b>SE24.246</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 16 / 2020		
Purpose of Expenditure IN-KIND - DIGITAL BILLBOARD SPACE		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: WARNOCK, RAPHAEL, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2830707.60</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>RUNOFF</u>		
Full Name of Payee <input type="checkbox"/> Memo Item <b>D &amp; S OUTDOOR ADVERTISING</b> AD RUNS 12/16/20 TO 1/5/21; SEE IN-KIND ON SCHEDULE A			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 16 / 2020		
Mailing Address 926 MT. PISGAH ROAD			Amount <span style="border: 1px solid black; padding: 2px;">187.50</span>		
City RINGGOLD	State GA	Zip Code 30736	Transaction ID : <b>SE24.247</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 16 / 2020		
Purpose of Expenditure IN-KIND - DIGITAL BILLBOARD SPACE		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: OSSOFF, T., JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2830707.60</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>RUNOFF</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">375.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
KULIVAN, KAREN, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 17 / 2020		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 20 OF 24  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NRA Victory Fund Inc</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00741710       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>STARBOARD STRATEGIC, INC.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>817 SLATERS LANE</b>			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">11725.78</div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE24.242</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>DIGITAL BILLBOARD ADVERTISING</b>		Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">001</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>OSSOFF, T., JONATHAN, ,</b> <div style="float: right;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose       </div>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2830707.60</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>RUNOFF</b>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>STARBOARD STRATEGIC, INC.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>817 SLATERS LANE</b>			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">11725.78</div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE24.243</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>DIGITAL BILLBOARD ADVERTISING</b>		Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">001</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>WARNOCK, RAPHAEL, ,</b> <div style="float: right;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose       </div>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2830707.60</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>RUNOFF</b>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	23451.56
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KULIVAN, KAREN, ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 21 OF 24  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NRA Victory Fund Inc</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00741710       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>STARBOARD STRATEGIC, INC.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>817 SLATERS LANE</b>			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1195917.97</div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE24.248</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>TELEVISION ADVERTISING</b>		Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>OSSOFF, T., JONATHAN, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2830707.60</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>RUNOFF</b>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>STARBOARD STRATEGIC, INC.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>817 SLATERS LANE</b>			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1195917.97</div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE24.249</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>TELEVISION ADVERTISING</b>		Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>WARNOCK, RAPHAEL, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2830707.60</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>RUNOFF</b>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2391835.94</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KULIVAN, KAREN, ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 22 OF 24  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NRA Victory Fund Inc</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00741710	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on	
Full Name of Payee <b>TARGETED VICTORY, LLC</b> <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2020</b>	
Mailing Address 2311 WILSON BOULEVARD SUITE 200				Amount 44500.00	
City ARLINGTON		State VA	Zip Code 22201	Transaction ID : <b>SE24.188</b>	
Purpose of Expenditure DIGITAL ADVERTISING			Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2020</b>	
Name of Federal Candidate: OSSOFF, T., JONATHAN, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2830707.60</b>				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>TARGETED VICTORY, LLC</b> <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2020</b>	
Mailing Address 2311 WILSON BOULEVARD SUITE 200				Amount 44500.00	
City ARLINGTON		State VA	Zip Code 22201	Transaction ID : <b>SE24.189</b>	
Purpose of Expenditure DIGITAL ADVERTISING			Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2020</b>	
Name of Federal Candidate: WARNOCK, RAPHAEL, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>44500.00</b>				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....				<b>89000.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures .....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>KULIVAN, KAREN, ,</b>				Date <b>12 / 02 / 2020</b>	
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 23 OF 24  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NRA Victory Fund Inc</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00741710	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>TARGETED VICTORY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2311 WILSON BOULEVARD SUITE 200			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 12 / 2020		
City ARLINGTON		State VA	Zip Code 22201		
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Amount <span style="border: 1px solid black; padding: 2px;">87500.00</span>	
Name of Federal Candidate: OSSOFF, T., JONATHAN, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2830707.60</span>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>TARGETED VICTORY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2311 WILSON BOULEVARD SUITE 200			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 12 / 2020		
City ARLINGTON		State VA	Zip Code 22201		
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Amount <span style="border: 1px solid black; padding: 2px;">87500.00</span>	
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2830707.60</span>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">175000.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  KULIVAN, KAREN, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 14 / 2020	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 24 OF 24  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NRA Victory Fund Inc</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00741710	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>TARGETED VICTORY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2311 WILSON BOULEVARD SUITE 200			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
City ARLINGTON		State VA	Zip Code 22201		
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Amount <span style="border: 1px solid black; padding: 2px;">97772.55</span>	
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2830707.60</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>RUNOFF</u>		
Full Name of Payee <b>TARGETED VICTORY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2311 WILSON BOULEVARD SUITE 200			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
City ARLINGTON		State VA	Zip Code 22201		
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Amount <span style="border: 1px solid black; padding: 2px;">97772.55</span>	
Name of Federal Candidate: LOEFFLER, KELLY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2830707.60</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>RUNOFF</u>		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... <span style="border: 1px solid black; padding: 2px;">195545.10</span>					
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... <span style="border: 1px solid black; padding: 2px;"></span>					
<b>(c) TOTAL</b> Independent Expenditures ..... <span style="border: 1px solid black; padding: 2px;">2875207.60</span>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>KULIVAN, KAREN, , ,</u>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 21 / 2020		

[Electronically Filed]